



TEXAS CHALLENGE ACADEMY APPLICATION PACKET

RECLAIMING THE POTENTIAL OF AT-RISK YOUTH THROUGH EDUCATION, TRAINING,
MENTORING AND SERVICE TO THE COMMUNITY.

A Youth Education Program of the Texas National Guard

Texas ChalleNGe Academy

ATTN: Admissions

Camp Mabry, Bldg 31

2200 W.35th Street

Austin, Texas 78703

1-877-822-0050 (Toll Free)

<https://www.texaschallengeacademy.com>

APPLICANT INFORMATION		
First Name:	Last Name:	Middle:
DOB (mm/dd/yyyy)	SSN:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Street:		Home Phone:
City		Cell Phone:
County:		Message Phone:
State:	Zip Code:	Email:
Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (Not of Hispanic Origin <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other		
What is your family's income? <input type="checkbox"/> \$0-\$15,000 <input type="checkbox"/> \$15,000 - \$25,000 <input type="checkbox"/> \$25,000 – \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> More than \$45,000		
Parent/Legal Guardian Name (Print):		
Parent/Guardian Phone:		Parent/Guardian Email:
Parent/Legal Guardian Address (If Different than Applicant):		
TCA Recruiter Name:		

MANDATORY ELIGIBILITY REQUIREMENTS

Yes No Will you be 16-18 years old when the class starts? You must be 16 years old to apply to TCA and you must be 18 years old or younger on the first day of the class.

Yes No Are you a US citizen or a legal resident of the United States and a resident of Texas?

Yes No Do you have a high school diploma or a GED?

Yes No Have you ever been detained, ticketed or arrested for any offense by any law enforcement Agency? If you answered yes, you must bring all court documents and any probation information to the screening.

Yes No Are you currently employed? If yes, please answer the following:
 Number of hours per week: Hourly Wage:

Yes No Are you free from the use of illegal drugs and/or illegal substances? Applicants selected to attend TCA must agree to voluntary drug testing. TCA is not a drug or substance abuse rehabilitation program. A failure of any drug test will result in dismissal from the program – **no exceptions.**

Yes No Are you physically and mentally capable of participating in the program? Reasonable accommodations will be made for identified disabilities. TCA is not a therapeutic counseling program or mental health treatment facility.

NOTE

If the applicant has ever been admitted to a treatment facility for; mental health, substance abuse or behavior then you must bring the discharge summary to the screening for each time they were treated at one of the aforementioned facilities.

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

DATA REQUIRED BY PRIVACY ACT OF 1974

PRINCIPLE PURPOSE: To determine eligibility for admission to the Texas ChalleNGe Academy.

DISCLOSURE: Disclosure is voluntary, however, failure to supply any required information may result in your being refused admission in the Texas ChalleNGe Academy. The data obtained is for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with applicable law and regulations. Making a knowing and willful false statement on this form may automatically prevent your acceptance to or be grounds for dismissal from the Texas ChalleNGe Academy.

I, _____, a potential applicant to the Texas ChalleNGe Academy, do hereby consent to a criminal background check conducted TCA Staff.

Applicant Signature:

Date:

Parent/Legal Guardian Signature:

Date:

ADDITIONAL CONTACT INFORMATION

1) Primary Parent / Legal Guardian Male Female
Authorized to pick-up applicant at the school? Yes No

First Name: _____

Last Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Email: _____

Relationship to: Parent Step Parent Other
 Legal Grand _____

2) Alternate Male Female
Authorized to pick-up applicant at the school? Yes No

First Name: _____

Last Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Email: _____

Relationship to: Parent Step Parent Other
 Legal Grand _____

3) Alternate Male Female
Authorized to pick-up applicant at the school? Yes No

First Name: _____

Last Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Email: _____

Relationship to: Parent Step Parent Other
 Legal Grand _____

Parent /Legal Guardian Signature: _____

Date: _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PURPOSE: In processing your application, there may be a need to confirm or clarify personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application.

Applicant Name: _____ Birth Date: _____

Current County Applicant Lives: _____

Other Texas Counties Applicant has lived: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the State of Texas, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Texas Challenge Academy (TCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the TCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the federal or state confidentiality laws or regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. TCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment." FERPA protects the confidentiality of student record to some extent while giving students the right to review their own records.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the TCA.

Parent/Legal Guardian Signature:

Date:

CONSENT FOR MEDICAL CARE

I hereby grant permission to Texas ChalleNGe Academy to provide medical care for my son/daughter. If my son/daughter needs emergency medical/dental attention due to an accident or injury, I hereby authorize the attending medical/dental personnel at the Emergency Facility to provide whatever treatment is necessary to include but not limited to x-rays, anesthesia, diagnostic procedures, medical procedures, dental procedures and/or interventions. In the event of an emergency illness or injury, I understand that reasonable effort will be made to contact me. Reasonable effort means that I may not be contacted first but will be contacted as soon as possible by the staff from TCA. I understand that Texas ChalleNGe Academy has a full time Nurse and a full time assistant to the Nurse and that this may be an EMT (Emergency Medical Technician) or a CNA (Certified Nurse Assistant). I grant permission for any of the Medical Staff, Certified Military Medic Team Leaders, and Team Leader in Charge to dispense medication to my son/daughter. This medication may be a prescription which has been prescribed directly to my son/daughter by a physician or it may be over the counter medication as deemed necessary by TCA. My son/daughter is allergic to the following: _____

STUDENT INFORMATION:

Name: _____ Date of Birth: _____
Address: _____

City: _____ County: _____ State: _____ Zip: _____ Home Phone: _____

It is further understood that Texas ChalleNGe Academy carries medical insurance for accidental injuries only. Medical care outside the scope of Texas ChalleNGe Academy Medical Staff will be the financial responsibility of the parent or legal guardian. The Medical Staff will determine the need for my son/daughter to be seen by a physician if necessary. My insurance information is listed below:

Medical Insurance Company: _____ Phone # for Certification: _____
Policy Holder's Name: _____ Policy or Group #: _____
Medicaid or CHIPS #: _____ Parent Work Number: _____
Parent Email Address: _____ Parent Cell Phone: _____

**EMERGENCY CONTACT INFORMATION
(In the Event Parent or Guardian Cannot be Reached)**

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

I have read and understand all of the above and to the best of my knowledge the information supplied is true and correct.

Parent/Legal Guardian Signature:

Texas ChalleNGe Academy

Medical Screening Forms

PLEASE PROVIDE THE ENTIRE PACKET TO THE PHYSICIAN.

PARENTS – PLEASE COMPLETE PAGES 1, 2 & 3.

PHYSICIANS – PLEASE COMPLETE PAGE 4.

The Texas ChalleNGe Academy training is physically demanding and potentially hazardous. Physical training will include strenuous activities such as:

1. A daily run of one or more miles on a hilly course.
2. Daily vigorous exercises such as push-ups, pull-ups, sit-ups and other calisthenics.
3. A ropes/obstacle course during which cadets may:
 - a. Climb a pole and then leap from the pole to grab a trapeze involving a slight jerk to the arms and shoulders.
 - b. Two cadets facing each other on V-shaped tight ropes 20-30 feet in the air, with hands interlocked above their heads sidestepping across the foot line.
 - c. Climb a 15-foot wall while being assisted by other cadets to get up, over and down the wall.
 - d. A “zip line,” with an abrupt stop at the bottom.

This examination is for determining the applicant’s fitness to engage in strenuous activities as outlined above. The exam must be performed with **six (6) months** of the first day of the class start date. A high school sports physical completed with 6-months of the class start date is satisfactory.

FILL OUT THE FORM COMPLETELY AND ACCURACTELY. EVERY LINE MUST BE COMPLETED. ANSWER N/A IF A QUESTION IS NOT APPLICABLE.

Any questions concerning this examination or the applicant’s ability to participate may be directed to TCA Staff at 877-822-0050. All applicants must have a vision exam completed prior to acceptance.

Are you currently using any **prescribed** medications? YES NO
If yes, please list all medications.

Medication:	Why Taking?	How Long?

Are you allergic to any medications, foods or other agents such a bee stings, wool etc.? YES NO
 If yes, please list the agent and the reaction to it.

Allergen:	Reaction:	Treatment?

Have you ever been admitted to a hospital for substance abuse, mental health or behavior?
 If yes, please list the date, hospital and reason for treatment. You must also provide a YES NO
 discharge summary for each case of inpatient care.

MO/YR	Hospital	Treatment?

Have you ever been treated for:						
<input type="checkbox"/> ADHD	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> ODD	<input type="checkbox"/> Obsessive Compulsive Disorder	
Suicide Attempt(s)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, date: _____		
Rehab for Drug or Alcohol Abuse:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, date: _____		
Have you ever used?						
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Crack	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Xanax	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Spice/K2
Alcohol of Choice		<input type="checkbox"/> Beer	<input type="checkbox"/> Wine		<input type="checkbox"/> Liquor	
Do you smoke or use tobacco products?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	How Often? _____	

Do you have or have you ever been treated for any of the following:

	NO	YES			NO	YES	
1.			Headaches, Migraines or Clusters	23.			Diabetes/Hypoglycemia
2.			Severe Head Injuries	24.			Thyroid Problems
3.			Loss of Consciousness	25.			Kidney/Urinary Problems
4.			Seizures/Convulsions	26.			Intestinal Problems
5.			Heart Disease/Murmurs/Irregular HB	27.			Bedwetting (since age 14)
6.			Chest Pain	28.			Severe Acne
7.			High Blood Pressure	29.			Frequent Stomach aches/Ulcers/Reflux
8.			Circulation Problems	30.			Staph Infection
9.			Anemia/Sickle Cell/Blood Disorder	31.			Athletes Feet/Skin Fungus
10.			Unexplained Sweating	32.			Cold/Heat Intolerance
11.			Dizziness/Fainting Spells	33.			Allergies
12.			Neck and/or Back Problems	34.			Tuberculosis/Positive TB Test
13.			Scoliosis	35.			Depression/ADHD/Bipolar
14.			Muscle Cramps	36.			Mental Illness/Psychological Disorder
15.			Pins/Screws/Rods	37.			Hearing Impairment
16.			Flat Feet	38.			Communicable Diseases
17.			Broken Bones	39.			Adverse Reaction to Drugs
18.			Arm/Shoulder Problems				FEMALES ONLY:
19.			Hip/Knee/Ankle/Foot Problems	40.			Heavy or Difficult Menstrual Cycle
20.			Wheezing/Asthma/Shortness of breath	41.			Untreated Abnormal Vaginal Discharge
21.			Anorexia/Bulimia	42.			Are you Pregnant?
22.			Hepatitis/Liver Problems				

All yes responses must be explained by number. You may use the back of this page if necessary.

PHYSICIAN'S EXAMINATION

Applicant's Name: _____

Age: _____ Height: _____ Weight _____ Pulse: _____ BP: _____

Glasses: YES NO Color Vision: YES NO

Normal	Physical Examination	Abnormal	Comments
	Head, Face, Neck, Scalp		
	Nose		
	Sinuses		
	Mouth and Throat		
	Ears – General		
	Eardrums		
	Eyes – General		
	Pupils		
	Ocular Motility		
	Lungs and Chest		
	Heart		
	Vascular System		
	Abdomen/Viscera		
	GU System		
	Upper Extremities		
	Feet		
	Lower Extremities		
	Spine		
	Identifying Body Marks		
	Skin/Lymphatic System		
	Neurological System		
	Psychiatric		

As the attending physician, I have reviewed the medical history of the above named applicant. I have also read the cover letter addressed to me explaining the program. I have conducted a complete sports physical and **have found the applicant to be physically capable** to participate completely in all strenuous activities with no limitations.

Additional comments may be written on the back of this form.

(PRINT) Physician's Name

Physician's Signature

Date of Exam

Address

Phone Number

City State Zip Code

POSITION DESCRIPTION - MENTOR

Position Summary: The Mentor serves as a role model, friend and advocate to a Cadet for 17 ½ months.

Working Relationships: Reports to Case Manager (CM) or RPM Coordinator. Mentors one Cadet at a time.

Duties and Responsibilities:

- Prior to Cadet's acceptance to TCA, Mentor returns completed screening materials.
- Completes one Mentor Basic Training at TCA campus or other designated location.
- During the Residential Phase, Mentor commits to having at least four hours of visitation with the youth either on campus (by appointment) or while at home on P-RAP pass.
- Commits to spending 17 ½ months in consistent contact with Cadet.
- Assists the Cadet with the Post Residential Action Plan (P-RAP) modification and discusses his or her progress in that plan monthly.
- During the Post-Residential Phase, Mentors must make weekly contacts with the Cadets by phone, mail, email, or in person. Four to six hours of contact per month are required. At least one of these must be face-to-face during the Post-Residential Phase.
- Shares occasional, informal and fun activities with his or her Cadet. The Mentor and Cadet will jointly select and schedule the activities.
- Communicates at least monthly by phone, mail or email with the CM or RPM Coordinator. The Mentor promptly informs the CM of problems or needs in the Cadet's life or in their relationship.
- Observes all Program policies and guidelines for Mentors. Discusses violations of policies by Cadets with a Case Manager.
- Refers the Cadet to community resources as needed and helps the Cadet find and research those resources.

PROSPECTIVE MENTOR CONTACT INFORMATION

Print Name: _____ Age: _____ Gender _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Signature: _____

Texas Challenge Academy Application Checklist

Cadet Application

- Applicant Information/Mandatory Eligibility Criteria/Criminal Background Check Authorization
- Additional Contact Information
- Authorization to Release Confidential Information
- Consent for Medical Care
- Medical Screening Forms (within 6 months of class start date)
- Position Description - Mentor

Required Documents

- Copy of Social Security Card
- Copy of US Birth Certificate or INS Proof of Permanent Residency Card (I-551)
- Copy of TX State Identification Card/Driver's License, Military ID or Passport
- Psychological Discharge Summaries for In-Patient Treatment for Substance Abuse, Mental Health or Behavior
- Current Individual Education Plan (IEP) or 504 Plan
- Unofficial School Transcripts from Last School Attended
- Copy of Immunization Record
- Front and Back Copy of Medical Insurance Card or Self pay form
- Copy of Arrest Record/Court Documents/Probation Information for all resolved or pending offenses

Mentor Application Required Prior to Acceptance

- Mentor Information
- Mentoring Agreement
- Mentor Training Commitment
- Authorization for Mentor Background Check
- Mentor Liability Release
- Three References
- Mentor Reference Personal
- Mentor Reference Professional

Interview Required Prior to Acceptance

- Cadet Interview
- Student Goals

Texas Challenge Academy

Congratulations for choosing the Texas Challenge Academy. Applying for enrollment is a 3-step process:

1) attend a presentation from a recruiter 2) attend a screening to turn in documents and 3) complete the applicant interview

Following the successful completion of these three steps, the applicant will receive the TCA Acceptance Packet.